PART B - FEE(S) TRANSMITTAL

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20995 7590 06/24/2011 KNOBBE MARTENS OLSON & BEAR LLP 2040 MAIN STREET FOURTEENTH FLOOR IRVINE, CA 92614

APPLICATION NO.	FILING DATE	FILING DATE		FIRST NAMED INVENTOR		OOCKET NO.	CONFIRMATION NO.
10/680,523	10/680,523 10/07/2003			Ahmed F. Ghouri		4.001A	5056
TITLE OF INVENTION: SYSTEM AND METHOD FOR DYNAMIC ADJUSTMENT OF COPAYMENT FOR MEDICATION THERAPY							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	E FEE TOTA	AL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0		\$1055	09/26/2011
EXAMINER		ART UNIT	CLASS-SUBCLASS				
LE, LINH GIANG		3686	705-002000				
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Knobbe			, Martens, Olson LLP	
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) ANVITA, INC. SAN DIEGO, CA Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government.							
4a. The following fee(s) are submitted: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies 5. Change in Entity Status (from status indicated above)			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 11-1410 (enclose an extra copy of this form).				
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in							
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Authorized Signature Eric M. Nelson			Date August 11, 2011 Registration No. 43,829				
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